

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12968

State File No. _____

FILED APR 10 1953

BIRTH NO. _____ REG. DIST. NO. 330 PRIMARY REG. DIST. NO. 61126 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, write RURAL and give township) Illmo		c. LENGTH OF STAY (in this place) 37 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Illmo		1000	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) JAMES OLIVER NADING				4. DATE OF DEATH (Month) (Day) (Year) Mar 30, 1953			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 9, 1916	
9. AGE (In years last birthday) 74		10. MONTHS 7		11. YEAR 21		12. IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor (retired)				10b. KIND OF BUSINESS OR INDUSTRY Rail road		11. BIRTHPLACE (State or foreign country) Richmond, Missouri	
12. CITIZEN OF WHAT COUNTRY? US							
13a. FATHER'S NAME Alfred Nading				13b. MOTHER'S MAIDEN NAME Almarinda Dale		14. NAME OF HUSBAND OR WIFE Mrs. Ada M. Richards Nading	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 702-09-5272		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ada M. Nading Illmo, Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hodgkins disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 201X 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH 2 yrs			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec. 8 1952 , to Mch. 30, 1953 , that I last saw the deceased alive on Mch. 29, 1953 , and that death occurred at 7-10 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE M. D. O. (Degree or title)				23b. ADDRESS Illmo, Mo.		23c. DATE SIGNED Apr. 2 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 1, 1953		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri	
DATE REC'D BY LOCAL REG. 4-153		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS ILLMO, MO	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 4-3-53
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 453-79

APR 14 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Oliver Carmick

Licensed Embalmer No. 4479

P. O. Address Illmo, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.